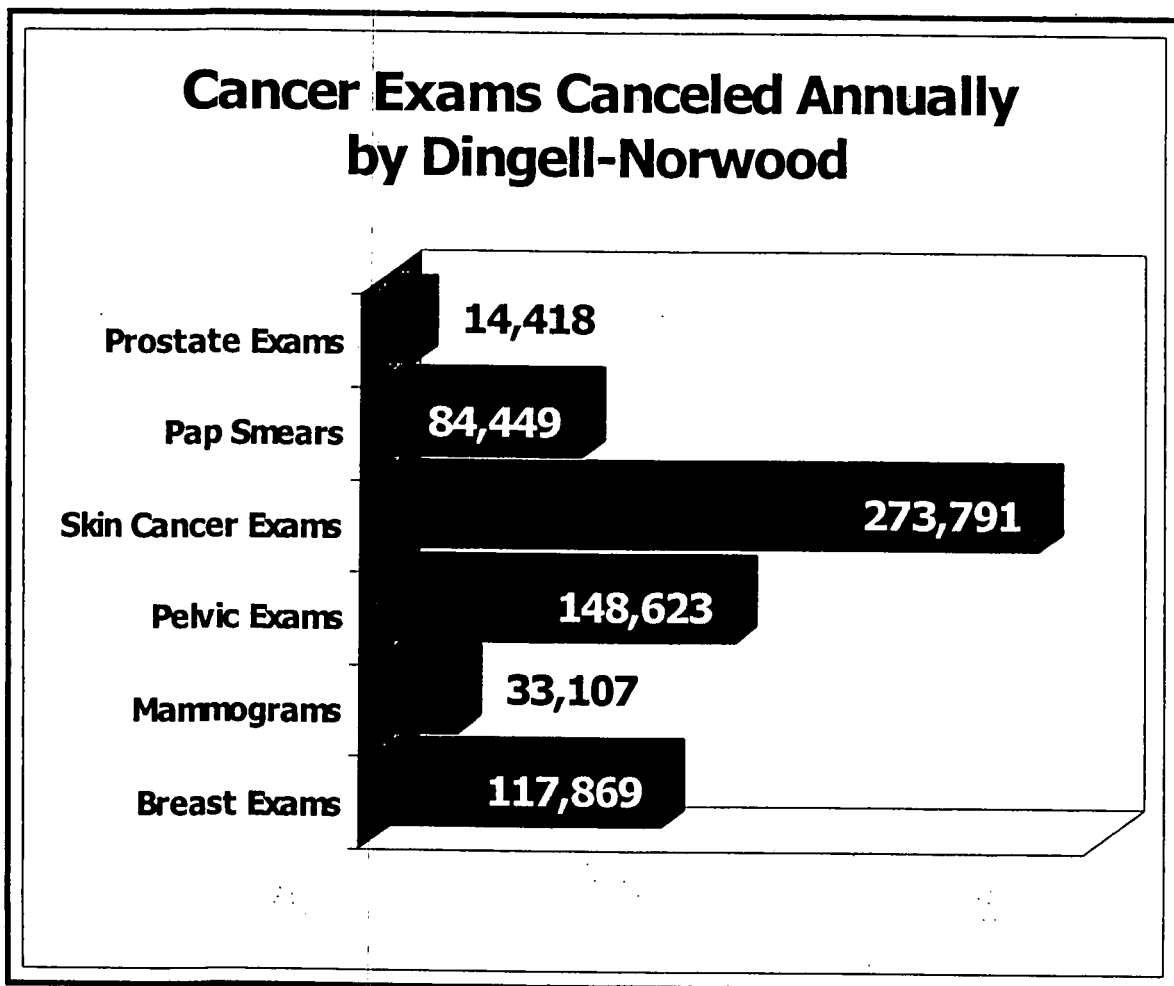


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Dingell-Norwood Would Increase Cancer Deaths

The House-Senate Patients' Bill of Rights conference committee must choose between two competing approaches to ensuring patients' rights. One option, the Dingell-Norwood bill (H.R. 2990), would expand lawsuits and layer unnecessary federal regulations on top of existing state regulations. Estimates indicate Dingell-Norwood's heavily regulatory approach would cancel coverage for some 1.2 million Americans. In the process, it would deny thousands of Americans coverage for essential cancer screenings.



Sources: see below.

Inevitably, some of the 1.2 million Americans stripped of their health coverage by Dingell-Norwood would forego early-detection tests for cancer, and many cancers would go undiagnosed. Perhaps thousands will lose years of their lives unnecessarily because Dingell-Norwood made health care coverage too expensive.

If Dingell-Norwood had been in effect on January 1, 2000, already thousands of patients would have been denied coverage for cancer screenings:

- 20,000 women would have been denied breast exams
- 6,000 women would have been denied mammograms
- 25,000 women would have been denied pelvic exams
- 46,000 Americans would have been denied skin cancer exams
- 14,000 women would have been denied pap smears
- 2,000 men would have been denied prostate exams

Yet Dingell-Norwood would disarm patients against all diseases — not just cancer. Every year, Dingell-Norwood would cancel coverage for:

- 109,000 cholesterol tests
- 1.4 million blood pressure exams
- 78,000 glaucoma exams

How many Americans will lose years of their lives to heart disease or cancer because Dingell-Norwood denied them access to these life-saving tests?

In contrast, the Senate-passed "Patients' Bill of Rights Plus Act" (S. 1344) honors the Hippocratic maxim, "First, do no harm." The Republican bill protects patients while increasing premiums about 1 percent, according to the Congressional Budget Office (CBO). Both the House and Senate bills make coverage more affordable with such measures as medical savings accounts (MSAs). (According to the General Accounting Office, 37 percent of participants in the limited MSA pilot program were previously uninsured.) However, the low cost of S. 1344 makes it the only bill that can claim to expand coverage overall.

[Sources: The CBO estimates H.R. 2990 would increase private health insurance premiums an average of 4.1 percent. Estimates from two different economic forecasting firms (Barents Group/Lewin Group) indicate this increase would cause 1.2 million Americans to lose coverage. That represents seven out of every 1,000 non-elderly Americans with private coverage (Employee Benefits Research Institute). Data on the number of exams covered by private insurance come from the Centers for Disease Control.]

RPC staff contact: Michael F. Cannon, 4-2946